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NAVY MEDICINE IN FOCUS

A brief history of the U.S. Navy Independent Duty Corpsman

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By Matt Lyman, U.S. Navy Bureau of Medicine and Surgery Public Affairs



IDC Training at the Advanced Hospital Corps School, Portsmouth, VA
Hospital Corpsmen 2nd Class June Stokes and David Senf, both students in their 14th week of training to become Independent Duty Technicians, get some practical experience in suture technique. Both Miss Stokes and Senf came to the School of Health Sciences after general experience in medical billets, 1977.

Modern U.S. Navy corpsmen have been around for the last 116 years and have served with and supported every rate in any climate, around the world. That commitment to service and support was exemplified in 1944 when the Navy determined there was a need to have medical personnel in some locations where a medical officer or medical facility was not readily available. Those medical personnel would come to be known as Independent Duty Corpsmen (IDC). IDCs are found at the highest altitudes, prepping gear to conduct a High Altitude – Low Opening (H.A.L.O.) jump with special operations groups, or down at the deepest depths working to ensure the safety and health of submariners.

“An IDC is the jack of all trades and master of none. The job has long hours, sleepless nights, and an expectation to always have the answer. Being an IDC is truly a lifestyle,” Chief Hospital Corpsman Noel A. Martinez, IDC program manager, Naval Hospital Jacksonville.

Hospital corpsmen were first trained at the Hospital Corps School in Portsmouth, Virginia in 1944. The course was called the “intermediate course,” and the curriculum was comprised of 245 hours of didactic instruction and 235 hours of practical application exercises. The classes revolved around responsibilities and limitations of independent duty, advanced minor surgery and first aid, administration and shipboard hygiene.

In addition to the “intermediate course”, the Navy established a special course for IDCs assigned to submarines in Groton, Connecticut and a surface warfare course located in San Diego, California. IDCs assigned to submarines are required to complete portions of the basic enlisted submarine school, prior to getting underway.

In 1949, the intermediate course was discontinued and a 20-week advanced course was established in San Diego that became the primary student pipeline for IDCs. A year later the curriculum was expanded to its current length of 50 weeks for Surface/Dive IDC course, 365 days (54) weeks for Sub IDC and 96 days (14 weeks) for the Recon IDC course. Today, basic corpsmen are trained at Ft. Sam Houston, Texas and the various IDC courses are found in Connecticut and California.

Originally, IDCs were defined as corpsmen serving aboard surface ships or submarines who worked independently of a medical officer as the sole medical representative. In the 1980s, the scope of IDCs expanded to include hospital corpsmen in all operational roles. Corpsmen became known as IDCs if they graduated from the advanced course or had equivalent training and were certified to perform clinical duties independent of medical officers. Throughout the years, the role of the IDC has grown in scope, especially in the field of preventive medicine and mental health.

“We see our crews when they are feeling their best and feeling their worst. We are healers, counselors, and

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shipmates. We have the ear of our commanding officers and the pulse of the crew," Chief Hospital Corpsman Jeremy L. Simon, USS Leyte Gulf (CG) senior medical department representative.

Currently serving corpsmen having attained the rank of hospital corpsman 2nd Class and meeting all other criteria to determine qualifications can submit for consideration for selection as a Surface Force Independent Duty Corpsman. For more information visit: <http://www.med.navy.mil/sites/nmotc/swmi/Pages/IDCPerequisites.aspx>. These prerequisites apply to all IDCs, though some IDCs will have to pass various indoctrination periods or schooling for more specific IDC billets. For example, submarine service requires the completion of the Basic Enlisted Submarine School (BESS). Additionally, special operations IDCs are required to complete certain schools to obtain skills necessary to serve with the special operations community.

U.S. Navy Medicine is a global health care network of 63,000 Navy medical personnel around the world who provide high quality health care to more than one million eligible beneficiaries. Navy Medicine personnel deploy with Sailors and Marines worldwide, providing critical mission support aboard ship, in the air, under the sea and on the battlefield.

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To each of our 23 grandchildren, and to all of the grandchildren, of all who have served in the US military services,

Love, Grampa

"Grampa, were you in the Vietnam War?"

Why would you ask me that, Granddaughter? My Granddaughter replied, "I saw it on your hat, you know the one with all those pins!" Indeed, you have seen that hat many times, it is one of my favorite hats. I then asked her what do you know about the Vietnam War? "We are studying now about America's Wars in school and I told my teacher that you were in the Vietnam War, because I saw your hat, and I know you go to meetings and sometimes parades with your friends you call fellow veterans".

"Can you tell me about the war, Grampa, and did you ever shoot anybody"? Well Granddaughter, let me start by saying, no, I never shot or killed anybody. Also it is important for you to know that not all who are in the various branches of the military, like the Navy, Marines, Army, Air Force and Coast Guard, are actually in combat where lives are taken.

As a matter of fact, I learned long ago that only one of every nine military personnel actually serves in battle, where lives may be shed. The other eight of nine work in support jobs. "What do you mean Grampa?" I mean that those other eight have special jobs; like providing medical care, keeping important records of information, or collecting surveillance data, or gathering and transporting necessary equipment to where it may be needed, others prepare and serve meals to many people, yet again, others work to make sure everybody gets their paychecks and mail deliveries, to and from all members of the military. Do you understand what I shared? "I guess so," she said "it's like a community with lots of different jobs to do". Yes, that's it exactly, Granddaughter, exactly.

"Did you have to go into the military, Grampa?" Today we have a total volunteer military, but back then, Granddaughter, our government had something called the draft, that meant if the country needed more people in the military, they could be called up to serve, or drafted. Every young man at age 18 had to register for the draft and received something called a Draft Card, with a number on it. If your number was drawn, you had to serve if they were told to appear for military service. Many men were drafted at the time of the Vietnam War, others who wanted to serve could enlist or volunteer to serve. Before me serving, back home in Pennsylvania, I got my Draft Card on my birthday in November of 1962. When the War was ramping up, I enlisted in late 1963, with a temporary deferment or delay to 1964, after completing my freshman year at college. I thought it would be a good thing for me to do my duty, as my friends were either being drafted or enlisting.

"So, you chose to go into the military, Grampa, is that right?" Yes Granddaughter, you are absolutely right, once again!

Now, about the Vietnam War, Granddaughter, I never was in battle or in Vietnam or other Southeast Asian

countries where the Vietnam War battles were fought. Instead your Grampa was Vietnam Era Veteran, one of those eight of nine military personnel doing other important and necessary jobs in support of those who did go into battle. I was one of those who provided medical care for others. I did my military service time working as a Navy Hospital Corpsman in 3 US Navy Hospitals in San Diego, CA, Guam, MI, and Philadelphia, PA.

“So you were in the Navy, Grampa”? Yes, I enlisted in the Navy and chose the Navy Hospital Corps as my specialty. In 1964 I completed boot camp, my military training, and then my Hospital Corps schooling, medical training, both in San Diego, CA and then was stationed for a short time at San Diego Naval Hospital before getting orders for Guam Naval Hospital in 1964 and ultimately at the Philadelphia Naval Hospital in 1966.

“Grampa, would you tell me about what it was like being a Navy Hospital Corpsman?”

“What did you do in those Naval Hospitals, Grampa, were you a Doctor, or a Nurse”? Afraid not, Granddaughter, I was neither a Doctor nor a Nurse, but I worked with many of them, often alongside them, to provide medical care for so many who needed it. Some were illnesses, some had injuries and other types of health problems, and some were suffering very difficult and often life challenging battle injuries.

“What was it like working in the hospitals, Grampa?” “I mean, what happened?” “What did you do there?” Well, Granddaughter, there are as many stories, I guess, as there were patients, but I will share a few stories with you. While in San Diego Naval Hospital in 1964, I was assigned to provide care for respiratory and cardiac patients. Our jobs as Hospital Corpsmen were to help the patients to get well through the tasks and procedures assigned. We took patient’s vital signs and collected blood and other body samples, we handed out or injected medications, as prescribed, for the extremely ill, those unable to provide self-care we provided hygiene procedures, we assured also that the environment was kept isolation sterile, or aseptically clean, according to requirements.

Many of the respiratory patients had pneumonia, some had various stages of COPD, Chronic Obstructive Pulmonary Diseases, lung Cancer, and a few had highly contagious Tuberculosis. Most of the pneumonia patients were treated with antibiotics and got well and got to return to their military jobs. Some, more chronic, with repeating infections, took an extended course of treatment and many got well and returned to work. Some did not, due to weakened lungs, with difficulties breathing, they were medically discharged from the military and were sent home for longer term care at VA Hospitals. The COPD, Cancer, and TB patients were also considered chronic, some died while in the hospital, others were medically discharged from the military and were sent home for longer term care at VA Hospitals. Our cardiac patients with various heart conditions often required more intensive care, monitoring of vitals and medication.

The cardiac rehabilitation process often took a longer time and though some did die, many did improve considerably and either returned to full or limited duty or were medically discharged and sent home to recover under the care of families and VA Hospitals. For all those who improved and returned back to duty or to their family and homes, I felt great joy and hoped that our care had been part of that improvement. For those who died, or remained chronically incapacitated, I frequently asked myself, could I have done my job better or was it circumstances out of my hands. I still remember several of my earliest patients, mostly I recall those who helped me to understand and how to provide compassionate care.

“Wow Grampa, that sounds pretty sad, but some of it sounded OK, kind of hopeful, too. What about the other Navy hospitals, was it the same or different, Grampa? Tell me about Guam, where’s Guam?” Whoa girl, how about one question at a time. Let’s start with your questions about Guam. Guam is an island in the Pacific Ocean, about 6,000 miles west of the United States California coast, Guam is one of a group of islands named the Mariana Islands. Those islands are part of the United States, called Trust Territories. Guam is a very nice place, always warm, a tropical climate with jungles, hills, beautiful beaches, waterfalls, and interesting friendly people. Though the people of the islands live a long way from us and often speak other languages, they are all Americans. Today, most of the islands inhabitants also speak English, as we do. The Mariana Island people were our friends back in the 1940’s during World War 2 helping us to defeat the Japanese forces in the Pacific. We established military bases back then to protect the island people and still have military bases there. There are several US military bases located on Guam one of which is the Navy Hospital where I was stationed.

The Navy Hospital in Guam was built to take care of peacetime military and family members who were stationed in the Marianas area. It also provided care for our ally veteran friends from the island chain. The hospital pretty much cared for every aspect of physical medicine for non-war military and families, including women and children dependents of military personnel. As a young Hospital Corpsman, in early 1965, I had an interesting introduction to areas of non-trauma medicine. I did not anticipate; Obstetrics, Gynecology and Pediatric care, but I learned new appreciation of the cycle of life. I also got to work Orthopedic and Surgical duties, as well as the Emergency Room and Ambulance runs to and from Anderson Air Force Base where war casualties were beginning to arrive daily from Vietnam. These arrivals stressed the already busy facility and those who worked there.

It was then and there I first saw the results of war, up-close and personal. These patients were very different from those before; they were recipients of napalm, mortar shells, land mines, strafing, sniper fire and lots

more. As a young Navy Hospital Corpsman, with little life's experience and no contact previously with the gravely injured, I began to learn much, also about feeling so unprepared for what I was experiencing. All I felt was life rapidly racing to catch up to this new reality. Then, as life may provide, I worked for several months in Neuro-Psychiatric services, where I got to see the results of war not seen in prosthetic limbs or colostomy bags. Often apprehensive, I admitted to myself I was unprepared, but desperate to do my best for these new friends. For had they not done their best for me?

Oh, I'm very sorry Granddaughter, that's probably more than you needed to hear. But, it was the way it was and I frequently felt uncomfortable in my own skin. Yet, more importantly I continued to learn and to marvel at so much around me. The resilience and resolve of human life amazed me. I witnessed much suffering and desperation, but saw even greater desire for healing and wellness. Some of my favorite memories of those day and nights, in the hospital, were those times I saw miracles in human form. One such memory is of a young Marine. He had lost 3 limbs, both legs and half his left arm, but had an amazing will to live, a resonating sense of giving and a healing spirit for others. On a very busy night about 1 AM on the surgical ward, he came right-hand wheeling up and down the ward in his wheelchair and was stopping by each bedside to quietly talk with those in discomfort. His reassuring voice and the visual of seeing him in such a physical state brought humility, comfort and hope, to many others. I still think of him from time to time, especially if I allow myself the luxury of feeling sorry for myself.

While working the night shift in the surgical ward, a few months before leaving Guam, I received an injury while on duty. Like much in life, quirky events frequently alter the course of our destiny. Such an event occurred that night, while tending to the care of one of our patients. A Korean and Vietnam War Vet, a Gunny Sargent, had cranial surgery to remove a piece of shrapnel from his brain. A section of his skull had been removed to allow for the surgery and was replaced afterwards. Another corpsman and I were changing his bedding, a 2 man job, especially with 6 foot 240 pound Marine. In the midst of turning Gunny, the ward station phone rang and my fellow corpsman jerked the draw sheet out and ran to answer the phone, allowing our patient to roll toward me and off the bedside. Knowing Gunny must not hit the deck, I placed both hands and arms under him and ever so slowly lowered him toward the floor. My 5'9" 155 pound frame, was no match for him, but I held tight and cushioned him from hitting his head. In the process, something snapped in my cervical spine and pain shot through my neck, head and back. Seemingly forever later, the other corpsman returned, saw my dilemma, and embraced the patient's cradled head, I blacked out and collapsed the rest of the way to the floor.

My next memories were; being loaded on a gurney, briefly awoke in the ER, vaguely remember being in XRAY, and then ironically, I was taken back to the same ward I left earlier, this time as a patient. The next morning, with my neck in a brace, and paralyzed left arm in a sling, I found myself in the bed next to Gunny. He was totally unaware of anything that happened. I was just glad he was OK.

Following the injury; I spent 3 months hospitalized in Guam, then a 9,000 mile Air-Evac flight, and 3 more months hospitalized at Philadelphia Navy Hospital. All told, this injury determined my discharge from military service and return to civilian life.

Well Granddaughter, that's probably enough about Grampa's Navy Hospital Corpsman days. Don't you think?

"No Grampa, tell me some more." Tell you more about what, Granddaughter? "Are you still in the military? No, what do you mean, Granddaughter? "You are a veteran aren't you?" For a few moments I had a hard time swallowing the lump in my throat and holding back the tears in my eyes. She already knew more about me than I knew of myself.

OK, Granddaughter, you've got me. I'll tell you a little bit more, about being a veteran and what it is like being a veteran today.

Having returned home following my military service in 1966, I spent very little time in any aspect of my life with other veterans or veterans organizations. Our era of service and veterans were not popular like those of eras before. We were not welcomed and the perception was, we were not welcome. It was not until the mid-1980s that I began to reflect at all on our war, our time. Not much came of that reflection, not until nearly a decade later when I had 3 veteran sons of my own and one who needed something I could not give. What could I do?

Since that time 20 years ago, I have gratefully learned much about getting into positive action. But like with all journeys, it began with one step and continues one step at a time. My first step was to research and learn all I could about the issues surrounding the Gulf War Syndrome of illnesses (GWS), or Persian Gulf Illnesses (PGI), depending on the reference materials. I contacted and spoke with anybody I could, to find out anything I could, that would begin to explain the suffering my son Danny and the sons and daughters of so many other parents. Over the next 5 years, I literally spoke with, emailed and/or wrote to thousands of others interested, and with scientific and medical professionals and groups researching the issues surrounding Gulf War Syndrome. I was learning, finally, how to be involved in Veterans issues and my son knew I was doing my best for him. Though questions yet remain unanswered, much has been learned. I was honored to play a minor role in that research and to be invited and to submit written testimony to the President's Advisory Panel on Gulf War Syndrome 1995. Danny also provided living testimony, as one of the Gulf War Syndrome

returnees, who testified to the President Advisory Panel that year.

From pain comes progress and hope, individual and over-all. In the course of such involvement and action, my commitment to volunteerism for veterans and to veterans issues has expanded to all eras of veterans and non-veterans alike and the many issues confronting them. The 1990's were the beginning years of new and renewed efforts to help fellow veterans and others.

By the mid 1990's, many opportunities to interface with other veterans became commonplace. I was introduced to a local project called the Veterans Guest House, a special place for veterans and family to stay when traveling great distances to Reno, NV for the veterans' medical needs. Stricken with the importance of such good works for our veterans, I immediately became involved. Now, some 16 years later, I'm still serving on the board of directors having served in multiple officer responsibilities and now as Vice President. The Veterans Guest House has become a passion in my life. It has been a true blessing to be part of this good work for fellow veterans and families of all eras of service.

During a 2005 Vietnam Veterans of America national conference I was blessed through reuniting with fellow veterans. Having met up with several veterans from Pointman Ministries, I was encouraged by them to begin writing about my feelings. My writings, which I chose to call ramblings created an entirely new identity for me, as RandomlyRamblingRick. Primarily poetry, my ramblings allowed me to examine my thoughts on many topics and to open up my mind to new beginnings. Following the 2005 VVA conference and having met several local Vietnam Veterans, I became a participant in revitalizing a defunct VVA Chapter, became a VVA Life Member, and have and continue to serve in any capacity I am asked. For the first time since my Navy Hospital Corpsman service, I began to feel a true belonging with fellow Veterans of the Vietnam Era. Having served as chapter secretary and treasurer, I currently serve as Chairman of the Board of Directors for VVA Chapter #989 located in Reno, NV.

About 6 years ago, I was approached to serve with another very special group of veterans. They being those who make up the Northern Nevada Veterans Coalition and serve willingly and lovingly to assure our Northern Nevada Veterans Cemetery is kept in top condition, reflects all actions with reverence for our departed veterans and spouses of all eras, and provides tireless work to preserve the spirit of veterans helping veterans and their loved ones.

As I approach age 69, I look back, to yesterday, and am grateful for all lessons learned, to prepare me for today. I look at today, for today is when we can make the best use of those learning experiences from yesterday, to be of help to all we can. As tomorrow approaches, I can only be hopeful that health and opportunity remains that I may be of service to those who have served us. Belonging has been there all along. I needed only to avail myself to others.

"Thank you Grampa, you are my favorite veteran."

Thank you Granddaughter, you are very special to me, too!

Richard G. Shuster

Sparks, NV

US Navy Hospital Corpsman 1963-66

Life-Member (VVA) Vietnam Veterans of America

Chairman of Board of Directors VVA Chapter #989

National VVA Delegate,

Nevada State VVA Council, Chair,

Nevada State VVA Agent Orange/Dioxin Committee

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